

09-306 Medical Vendor Payments

The mission of Medical Vendor Payments is to administer the Medicaid Program to ensure operations are in accordance with federal and state statutes regarding medically necessary services to eligible recipients. Additionally, the Medical Vendor Payments Program assures that reimbursements to providers of medical services to Medicaid recipients are appropriate.

The goals of Medical Vendor Payments are:

1. To develop alternatives to institutional care.
2. To screen children for medical, vision, hearing and dental abnormalities.
3. Avoid additional Medicaid cost by utilizing Buy-In (premiums) for Medicare eligible.
4. To reduce reliance on State General Fund to cover medical expenditures.

Medical Vendor Payments Program includes the following programs: Payments to Private Providers, Payments to Public Providers, Medicare Buy-Ins and Supplements, and Uncompensated Care Costs Payments.

The Medical Vendor Payments Program uses Tobacco Settlement Funds as a means of finance. These funds are used in the Department of Health and Hospitals to partially cover the cost of providing medically necessary services to Medicaid eligible recipients. Major activities include inpatient and outpatient hospital services, ICF/MR facilities and Nursing Homes. The appropriation from the Louisiana Fund represents approximately 2% of the appropriation for Payments to Private Providers.

BUDGET SUMMARY

	ACTUAL 1999- 2000	ACT 11 2000 - 2001	EXISTING 2000 - 2001	CONTINUATION 2001 - 2002	RECOMMENDED 2001 - 2002	RECOMMENDED OVER/(UNDER) EXISTING
MEANS OF FINANCING:						
STATE GENERAL FUND (Direct)	\$759,299,545	\$879,110,814	\$879,110,814	\$959,092,757	\$833,779,865	(\$45,330,949)
STATE GENERAL FUND BY:						
Interagency Transfers	46,994,244	1,419,607	1,419,607	1,419,607	1,419,607	0
Fees & Self-gen. Revenues	7,917,972	5,000,000	5,000,000	5,000,000	58,402,338	53,402,338
Statutory Dedications	195,710,735	143,989,666	143,989,666	120,434,928	117,247,863	(26,741,803)
Interim Emergency Board	0	0	0	0	0	0
FEDERAL FUNDS	2,450,272,175	2,492,441,980	2,492,441,980	2,618,177,968	2,498,153,239	5,711,259
TOTAL MEANS OF FINANCING	\$3,460,194,671	\$3,521,962,067	\$3,521,962,067	\$3,704,125,260	\$3,509,002,912	(\$12,959,155)
EXPENDITURES & REQUEST:						
Payments to Private Providers	\$2,163,744,719	\$2,269,549,864	\$2,269,549,864	\$2,386,204,100	\$2,300,264,849	\$30,714,985
Payments to Public Providers	389,197,445	388,107,450	388,107,450	401,460,567	385,080,866	(3,026,584)
Medicare Buy-Ins & Supplements	85,827,705	85,078,302	85,078,302	90,978,104	90,616,338	5,538,036
Uncompensated Care Costs	821,424,802	779,226,451	779,226,451	825,482,489	733,040,859	(46,185,592)
TOTAL EXPENDITURES AND REQUEST	\$3,460,194,671	\$3,521,962,067	\$3,521,962,067	\$3,704,125,260	\$3,509,002,912	(\$12,959,155)
AUTHORIZED FULL-TIME EQUIVALENTS: Classified	0	0	0	0	0	0
Unclassified	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0

This agency's recommended appropriation does not include any funds for short-term debt for Fiscal Year 2001-2002.

This agency does not have any long-term debt for Fiscal Year 2001-2002.